

Benefit Application

CARLISLE

General Information	Name of Plan CARLISLE COMPANIES INC		Division Code No. & Name 02 - RIDGWAY HOURLY	
	Participant Name (Last, First, Middle Initial) PLYLER, PAUL L.		Date of Birth 9/14/57	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
	Member Address (No. & Street) 417 NORTH BROAD ST		City RIDGWAY	State PA
	Original Entry Date		Normal Retire. Date 10/01/2022	Social Security No. 190-50-3075
Benefit Elected	<input checked="" type="checkbox"/> A. Termination Benefit 1. Date of Termination 3-16-2002			
	<input checked="" type="checkbox"/> B. Disability Benefit 1. Date of Disability 6/24/2002			
	<input type="checkbox"/> C. Death Benefit 1. Date of Death (Attach Certified Copy of Death Certificate) 2. <input type="checkbox"/> Lump Sum (Participant Contribution)			
	3. <input type="checkbox"/> Survivor Benefit - Form of Benefit is: <input type="checkbox"/> a. Life Annuity to Spouse (Participant Contributions) <input type="checkbox"/> c. Lump Sum Distribution <input type="checkbox"/> b. Modified Cash Refund (Participant Contributions)			
Joint Annuitant or Beneficiary	4. Payee Name (Last, First, Middle Initial)		5. Date of Birth	6. Sex <input type="checkbox"/> M <input type="checkbox"/> F
	7. Address (No. & Street)		City	State Zip Code
	8. Social Security No.		9. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
	<input checked="" type="checkbox"/> D. Retirement Benefit 1. Date of Retirement (Payment Starting Date) 7/1/2003			
Benefit Payout Amount	2. In accordance with the terms of the plan, <input checked="" type="checkbox"/> a. The Participant has elected the Qualified Joint & Survivor Annuity with 100 % continuation to the Spouse after the Participant's death. <input type="checkbox"/> b. The Participant and Spouse have waived the Qualified Joint & Survivor Annuity. In lieu of that benefit, the Participant has elected the following benefit form:			
	3. <input type="checkbox"/> Life Benefit (No Participant contributions) 6. <input type="checkbox"/> _____ Years Certain and Continuous 4. <input type="checkbox"/> Modified Cash Refund (Member Accumulation) 7. <input type="checkbox"/> Lump Sum Distribution 5. <input checked="" type="checkbox"/> Joint Benefit with 100 % continuation to the Joint Annuitant after the Member's death.			
	8. Joint Annuitant or Beneficiary Name (Last, First, Middle Initial)		9. Date of Birth	10. Sex <input type="checkbox"/> M <input type="checkbox"/> F
	11. Address (No. & Street)		City	State Zip Code
Certification	12. Social Security No.		13. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
	A. <input type="checkbox"/> \$ _____ Monthly Benefit B. <input type="checkbox"/> \$ _____ Monthly Benefit with \$ _____ continued to Joint Annuitant or Survivor C. <input type="checkbox"/> \$ _____ Lump Sum Distribution D. <input type="checkbox"/> Other _____ E. <input type="checkbox"/> 1. Total Participant Contribution \$ _____ 2. Interest \$ _____ 3. Participant Accumulation \$ _____ (1 + 2)			
	Payee I certify that I have reviewed the information contained on this form and that it accurately reflects my choice of benefits and beneficiary (if applicable). Signature of Payee Paul L. Plyler Date 7/29/2003			
	Plan Representative I certify that the information on this form is correct and that: <input type="checkbox"/> Birthdate evidence has been provided and verified. <input type="checkbox"/> The spouse of the participant has consented in writing to any benefit election or waiver and any beneficiary designation for which consent is required by the plan, the Employee Retirement Income Security Act, as amended, or other law.		Remarks	
Signature of Plan Representative				

EXHIBIT

D

Form **W-4P**
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0415

2003

Purpose. This form is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities, including commercial annuities, and certain other deferred compensation. Use this form to tell payers the correct amount of Federal income tax to withhold from your payment(s). You also may use this form to choose (a) not to have any income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution as explained on

pages 3 and 4. **Your previously-filed Form W-4P will remain in effect if you do not file a Form W-4P for 2003.**

What do I need to do? Complete lines A through G of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to adjust your withholding allowances for itemized deductions, adjustments to income, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any income tax withheld, you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____
- B** Enter "1" if:
 { • You are single and have only one pension; or
 • You are married, have only one pension, and your spouse has no income subject to withholding; or
 • Your income from a second pension or a job, or your spouse's pension or wages (or the total of all) is \$1,000 or less. } **B** _____
- C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____
- D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____
- E** Enter "1" if you will file as **head of household** on your tax return. **E** _____
- F Child Tax Credit** (including additional child tax credit):
 • If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 **additional** if you have three to five eligible children or 2 **additional** if you have six or more eligible children.
 • If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children **F** _____
- G** Add lines A through F and enter total here. **Note:** This may be different from the number of exemptions you claim on your tax return. **G** _____
- For accuracy, complete all worksheets that apply.
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one source of income subject to withholding or a spouse with income subject to withholding and your combined income from all sources exceeds \$35,000, see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Cut here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Form **W-4P**
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0415

2003

Type or print your full name PAUL LESTER PLYLER		Your social security number 190 50 3075
Home address (number and street or rural route) 417 North Broad		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code Ridgway PA 15853		

Complete the following applicable lines:

- 1** Check here if you **do not want any** Federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ☐ **1**
- 2** Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) **1**
 Marital status: ☐ Single ☒ Married ☐ Married, but withhold at higher "Single" rate (Enter number of allowances.)
- 3** Additional amount, if any, you want withheld from each pension or annuity payment. **Note:** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2 \$

Your signature **Paul S. Plyler** Date **7/29/2003**

Deductions and Adjustments Worksheet

Note: Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2003 tax return.

- 1 Enter an estimate of your 2003 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2003, you may have to reduce your itemized deductions if your income is over \$139,500 (\$69,750 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) . . . 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$7,950 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,000 \text{ if head of household} \\ \$4,750 \text{ if single} \\ \$3,975 \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2003 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any credit amounts from **Worksheet 7** in Pub. 919.) . . . 5 \$ _____
- 6 Enter an estimate of your 2003 income not subject to withholding (such as dividends or interest) . . . 6 \$ _____
- 7 Subtract line 6 from line 5. Enter the result, but not less than "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 10 _____

Multiple Pensions/More-Than-One-Income Worksheet

Note: Complete only if the instructions under line G, page 1 direct you here. This applies if you (and your spouse if married filing a joint return) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . 1 _____
 - 2 Find the number in **Table 1** below that applies to the **lowest** paying pension or job and enter it here . . . 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 Subtract line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **highest** paying pension or job and enter it here . . . 7 \$ _____
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2003. For example, divide by 12 if you are paid every month and you complete this form in December 2002. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment 9 \$ _____

Table 1: Multiple Pensions/More-Than-One-Income Worksheet

Married Filing Jointly				All Others	
If amount from LOWEST paying pension or job is—	Enter on line 2 above	If amount from LOWEST paying pension or job is—	Enter on line 2 above	If amount from LOWEST paying pension or job is—	Enter on line 2 above
\$0 - \$4,000	0	50,001 - 60,000	9	\$0 - \$6,000	0
4,001 - 9,000	1	60,001 - 70,000	10	6,001 - 11,000	1
9,001 - 15,000	2	70,001 - 90,000	11	11,001 - 18,000	2
15,001 - 20,000	3	90,001 - 100,000	12	18,001 - 25,000	3
20,001 - 25,000	4	100,001 - 115,000	13	25,001 - 29,000	4
25,001 - 33,000	5	115,001 - 125,000	14	29,001 - 40,000	5
33,001 - 38,000	6	125,001 and over	15	40,001 - 55,000	6
38,001 - 44,000	7			55,001 - 75,000	7
44,001 - 50,000	8			75,001 - 100,000	8
				100,001 - 110,000	9
				110,001 and over	10

Table 2: Multiple Pensions/More-Than-One-Income Worksheet

Married Filing Jointly		All Others	
If amount from HIGHEST paying pension or job is—	Enter on line 7 above	If amount from HIGHEST paying pension or job is—	Enter on line 7 above
\$0 - \$50,000	\$450	\$0 - \$30,000	\$450
50,001 - 100,000	800	30,001 - 70,000	800
100,001 - 150,000	900	70,001 - 140,000	900
150,001 - 270,000	1,050	140,001 - 300,000	1,050
270,001 and over	1,200	300,001 and over	1,200